

# **Henderson County Community Health Council**

## **Community Needs Assessment**



**1998**

### **Volume I**

**A report on the county's health status and strategies  
developed by the community**

Community Development  
Tennessee Department of Health  
295 Summar Avenue  
Jackson, TN

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# INTRODUCTION

## Mission Statement

***The Mission of the Community Health Council is to determine the health needs of the community and develop a plan of action for improving the health status of people in Henderson County, Tennessee.***

## COUNTY DESCRIPTION

### Land Area

Henderson County is located in the heart of West Tennessee midway between Nashville and Memphis, Chicago and New Orleans, St. Louis and Atlanta. Its 526 square miles of prosperous farms, lush hardwood forests and inviting lakes are places of natural beauty.

Lexington, the county seat and largest city in Henderson County, is located in the center of the county just 10 miles south of Interstate 40. One thousand acre Beech Lake is located within the city and supplies its water as well as great outdoor recreation and lakefront living.

A Civil War battle was fought at Parker's Crossroads in the northern portion of the county. Confederate troops were led by General Nathan Bedford Forrest.

Other important communities in the county include Sardis and Scotts Hill located in the southern portion of the county.

### ECONOMIC BASE

A reliable workforce, excellent quality of life, and outstanding industrial support services have led to an extended period of economic growth in Henderson County. Primary employers in the community include Magnetek (electric motors), Johnson Controls (auto seats and hardware), Dayco Products (industrial hoses) and I Appel (ladies leisurewear).

Agriculture remains an important part of the economy. Local crops include corn, cotton, forestry, orchards, peppers, soybeans, squash, and wheat. Cotton and corn are the leading crops. Henderson County is also a leading pig and hog producer in Tennessee.

Tourism and recreation are fast becoming the leading industries in the community. Recreational opportunities include hunting, fishing, boating, swimming, and golf. The county's seven lakes provide 3,000 acres of surface area and 100 miles of shoreline. Natchez Trace State Park, the state's largest with over 46,000 acres, is located six miles northeast of Lexington.

# Demographics of Henderson County

## **MEDICAL COMMUNITY**

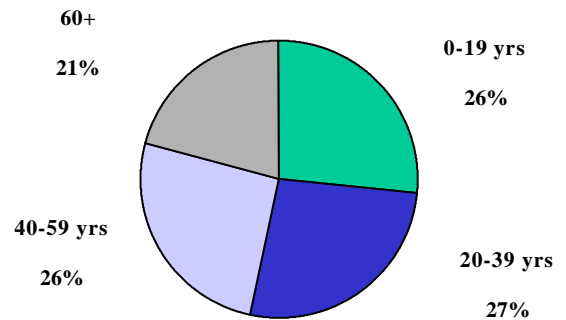
Methodist Hospital of Lexington is a full-service 52 bed, not-for-profit general acute care facility offering a wide range of services on both an inpatient and outpatient basis. Some of the newer services include: Ambulatory Surgery, CAT Scan, Nuclear Medicine, 24 Hour Cardiac Monitoring, Cardiac Stress Testing, Home Health, and Hospice. Such specialties as internal medicine, pediatrics, urology, cardiology, radiology, pathology, and obstetrics are represented on the medical staff.

The expanded medical community offers general and family practitioners, dental and orthodontic services, optometrists and opticians. Quinco Mental Health offers a variety of services from early childhood intervention to stress management. There are three intermediate care facilities to meet the nursing home needs of the area. Seven home health agencies provide services to those in need of special treatment.

The Henderson County Health Department offers a wide range of services including family planning, prenatal care, WIC, nutritional counseling, child immunizations, adolescent dentistry, Resource Mothers, Childrens' Special Services, STD testing, adolescent pregnancy prevention programs, and health education services.

## **DEMOGRAPHICS**

County Age Breakdown



## **POPULATION CATEGORY**

### **HENDERSON COUNTY**

SEX	NUMBER	%	TN PERCENT
FEMALE	12,239	52	52
Male	11,212	48	48
<b>Race</b>			
White	21,538	92	83
Black	1,869	8	16
Other	45	-	-

# DEMOGRAPHICS OF HENDERSON COUNTY

## HOUSEHOLDS

	County	Region	State
Percent of households that are family households	75.8	74.7	72.7
Percent of households that are families headed by a female with no husband present	9.6	11.8	12.6
Percent of households that are families headed by a female with no husband present and with children under 18 years	5.4	6.4	6.9
Percent of households with the householder 65 and up	25.7	27.5	21.8

## EDUCATION

	County	Region	State
Percent of persons age 25 and older	14,433	294,457	3,139,066
Percent of persons 25 and up that are high school graduates or higher	55.2	56.5	67.1
Percent of persons 25 and up with a bachelor's degree or higher	6.8	7.6	16.0

# DEMOGRAPHICS OF HENDERSON COUNTY

## EMPLOYMENT

	County	Region	State
Number of Persons 16 and Older	16,996	352,668	3,799,725
Percent In Work Force	63.4	59.6	64.0
Number of Persons 16 and Older in Civilian Work Force	10,774	209,376	2,405,077
Percent Unemployed	5.1	7.4	6.4

## POVERTY STATUS

	County	Region	State
Per capita income in 1989	\$9,564	\$9,850	\$12,255
Percent of persons below the 1989 poverty level	15.8	19.0	15.7
Families with children under 18 years, percent with income in 1989 below poverty level	17.7	23.8	20.7
Percent of persons age 65 years and older with income in 1989 below the poverty level	30.3	27.4	20.9

# COMMUNITY NEEDS ASSESSMENT

## HISTORY OF THE PROCESS

In 1996 local health care providers and community leaders in Henderson County began an on-going dialogue about the challenges facing the community's health care delivery system. It was becoming apparent that the pressures of reform including changes in Medicaid, AFDC, and reimbursement rates for rural hospitals were beginning to strain the community's limited resources. Local leaders responded by forming a Community Health Council to serve as a mechanism for evaluating the health status of the community and pooling resources to address shared problems. The Health Council conducted a comprehensive assessment of the health status of Henderson County residents and developed a strategy to address the needs identified.

### COMMUNITY DIAGNOSIS

The "Community Diagnosis" process developed by the Tennessee Department of Health was the basis for the assessment. Community Diagnosis is a data-driven assessment process which helps communities identify and prioritize health problems.

Information regarding the community's health status, in addition to data available from the State, was collected and analyzed. Data from a behavioral risk factor survey conducted by the University of Tennessee was also reviewed. Secondary data available from the Department of Health and other sources were then studied in order to focus discussion. Once a comprehensive list of problems had been compiled, the problems were prioritized based on size, seriousness, and effectiveness of interventions. Using this approach a Community Health Problems List was developed. Once this list had been compiled, work groups were developed to begin developing specific goals and designing appropriate interventions.

***"Health Departments across the county have not developed good assessment capabilities, but we must concentrate on this function if we are to enter the 21<sup>st</sup> century with the data and system to recognize health problems as well as resolve them."***

***Fredia Wadley, Commissioner  
Tennessee Department of Health  
February 1995***

# COMMUNITY NEEDS ASSESSMENT

## **COUNCIL MAKE-UP**

The Henderson County Community Health Council consists of a diverse group of community leaders which is representative of the community in terms of geography, race, profession, and institutional factors. A list of council representatives is attached as Appendix A.

## **DATA GATHERED**

### ***Demographic and Socioeconomic Data***

Population Demographics  
Life Cycle of Residents  
Labor Force Status  
Marital Status  
Poverty Status  
Family/Household Status

### ***Health Professionals Data***

Primary Care Physicians  
OB/GYN Physicians  
Internists  
Pediatricians  
Specialists  
Dentists  
Nurse Practitioners/Nurse  
Midwives

### ***TennCare Data***

Number of Enrollees  
Managed Care Organizations  
Number of Providers by MCO

## ***Health and Vital Statistics Data***

Fertility Data  
Cancer  
Adolescent Pregnancy Rates  
Diabetes  
Live Births by Age and Race  
Heart Conditions  
Birthweight Trends  
Hypertension  
Infant Deaths by Race  
HIV/Aids  
Leading Causes of Death  
Stress  
Mothers Exhibiting Maternal Risk Factors  
Tobacco Use  
Motor Vehicle Mortality  
Hospital Discharge Data  
Accidental Death Mortality  
Violent Deaths  
Sexually Transmitted Diseases  
Obesity

### ***Family Data***

Domestic Violence Patterns  
Child Abuse and Neglect  
Alcohol and Drug Abuse



# COMMUNITY NEEDS ASSESSMENT

## ***Community Health Surveys***

The Council supplemented published data by reviewing survey data regarding behavioral risk factor conducted by the University of Tennessee. Focus groups were also conducted to gather input and identify anecdotal data to support the assessment process.

## ***Community Health Concerns Identified***

Adolescent Pregnancy

Breast Cancer

Stroke

Alcohol and Drug Abuse

Diabetes

Hypertension

Child Abuse and Neglect

Motor Vehicle Crashes

## ***PRIORITIZED PROBLEMS***

The Council discussed an increasing range of pressing health problems that the community must address with limited resources. To direct those resources well, the Council established priorities from among the problems identified. For this task the Council chose a modification of the method developed by J.J. Hanlon who is a nationally known public health professional. This method sets priorities on the basis of the size and seriousness of the problem in conjunction with knowledge about the effectiveness of potentially available interventions. Each problem being considered was given a numerical score on a scale of 0 to 10 based on the size of the population affected, the seriousness of the problem and the effectiveness of potential interventions. The following formula was used for the calculation of total scores (D) where A = Size; B = Seriousness, and C = Effectiveness of Interventions,

$$D = A + (2B) \times C$$

# COMMUNITY NEEDS ASSESSMENT

## Community Health Priorities 1996-97

### Adolescent Pregnancy Motor Vehicle Crashes

The Community Health Council selected two problems from the list of health concerns to be addressed during the first project year. These community health priorities were adolescent pregnancy and motor vehicle crashes. When selecting these priorities for 1996-97, the Council worked through the entire sequence of interacting factors that contribute to each community health problem identified. Links between problems, barriers to effective intervention and the availability of resources were all important considerations.

### Community Resources

#### ADOLESCENT PREGNANCY

- ◆ Local Physicians
- ◆ Henderson County Health Dept.
- ◆ Regional Health Department
- ◆ Schools
- ◆ TN Department of Children's Services
- ◆ Churches
- ◆ Henderson County Juvenile Court
- ◆ Quinco Mental Health Center

- ◆ University of Tennessee Extension Services
- ◆ API Council
- ◆ March of Dimes
- ◆ Resource Mothers
- ◆ CHAD

#### **MOTOR VEHICLE CRASHES**

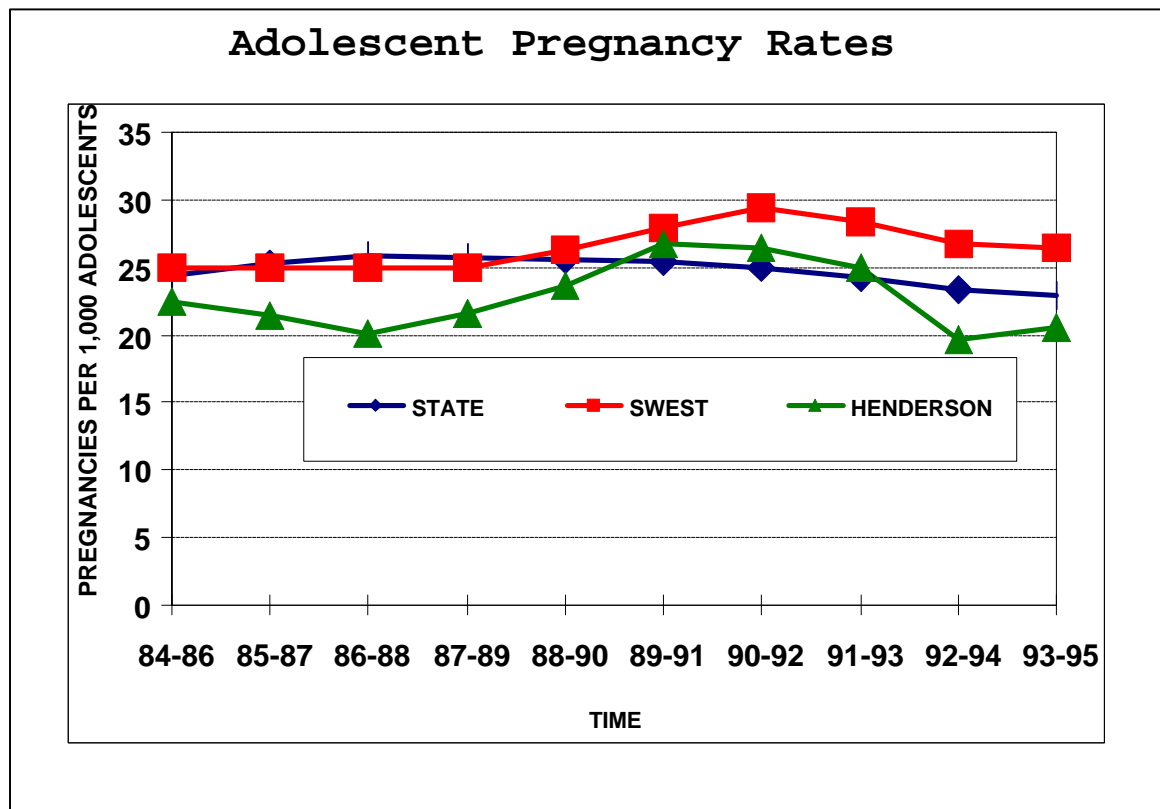
- Tennessee Dept. of Transportation
- Governor's Highway Safety Office
- Tennessee Highway Patrol
- National Highway Safety Administration
- Schools
- Churches
- Henderson County Juvenile Court
- Henderson County Emergency Services
- Civic Clubs
- Methodist Hospital – Lexington
- API Council
- March of Dimes
- Resource Mothers
- CHAD

# COMMUNITY NEEDS ASSESSMENT

## **ADOLESCENT PREGNANCY**

The adolescent pregnancy rate for Henderson County has been historically among the highest in the region. There are many causal factors related to teenage pregnancy, including low self-esteem, family history of early pregnancy, previous sexual abuse, substance abuse, lack of involvement in community activities, lack of adult supervision, economic factors, lack of knowledge about reproductive health, as well as issues surrounding male involvement and responsibility.

Teenage pregnancy is important because it is associated with prenatal health problems, academic failure, diminished employment opportunities, and increased dependence on public support for sustenance, housing and health care. Community Survey Results indicated that 31 percent of respondents believe adolescent pregnancy is a “Definite” community health problem.

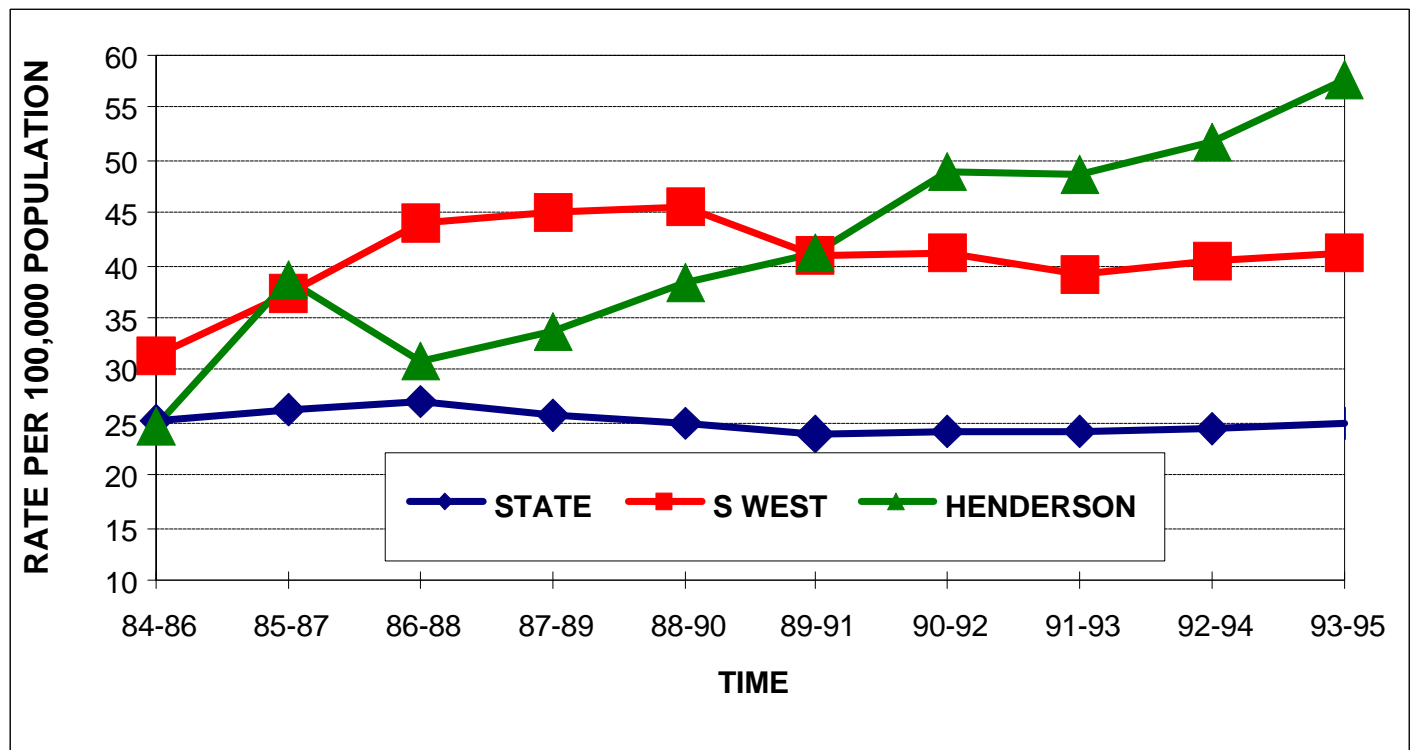


# COMMUNITY NEEDS ASSESSMENT

## **MOTOR VEHICLE ACCIDENTAL DEATHS**

Henderson County averaged fourteen fatal crashes per year from 1994 to 1996. The average rate of fatal crashes (.82 per 1,000 licensed drivers) ranks Henderson County second worst among Tennessee's ninety-five counties. The county has averaged 253 injury crashes per year from 1994 to 1996 for a rate of 15.07 per 1,000 licensed drivers. This injury crash rate is the fifth worst in the state. Henderson County's average rate of death from motor vehicle accidents for 1994-96 was 49.0 per 100,000 population. The state's average rate for the same time period was 24.6. On average 14 fatal crashes and 253 injury crashes occur in the community each year.

### **Mortality from Motor Vehicle Accidents**



## ***Actions and Strategies***

***Subcommittees were formed to serve as working groups for each priority identified and were expanded to include individuals with knowledge and experience related to each problem. Each subcommittee was charged with the responsibility of developing a plan of action which included objectives, activities and evaluation criteria. Volume II of this report will include those findings and recommendations.***

**Henderson County  
Community Health Council**

***Charles White, Jr., M.D.  
Private Physician***

***Donna Lewis  
Chamber of Commerce***

***Norman Carver  
JPTA***

***Karen Tignor  
Health Department***

***Honorable David Jowers  
Mayor of Lexington***

***Dan Record, Director  
County Health Dept.***

***Gregory Box, M.D.  
Private Physician***

***Reggie Henderson, M.D.  
Private Physician***

***Linda Lindsey, R.N.  
County Health Dept.***

***Gene Ragghianti  
Methodist Hospital***

***Dennis Ray McDaniel  
County Executive***

***Jimmy Fesmire  
Superintendent of Schools***

***Betty Neilsen  
U.T. Extension Service***

***Bettye Duke  
Methodist Hospital***

***Chris Bratton, M.D.  
General Surgeon***

***Margaret Milam  
DHS***

***Charles White, Sr., M.D.  
Private Physician***

***Margaret Whitt, R.N.  
Bd. of Education***

***Cornelia Morris  
Central State Bank***